

Introduction

General practice research underpins clinical practice. It is the foundation of the high-quality, innovative, efficient and effective general practice required to care for Australians. Academic training will support the development of a future workforce that has necessary skills to undertake and lead general practice research.

The Royal Australian College of General Practitioners (RACGP) is committed to building research capacity of general practice registrars. The Academic Post Program supports Australian General Practice Training (AGPT) registrars to complete a funded 12-month, part-time academic position within a university department of general practice or rural clinical school, during which they complete a small research project and deliver teaching activities. The position is well supported by universities and the RACGP and is suited to both novice and experienced researchers.

Here are some of the abstracts from the 2024 cohort.

Nudging patients with chronic disease to take their medications: Applying behavioural economics to general practice

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*Kevin Tee passed away before the publication of this abstract

Background and objective

Medication adherence by patients with chronic disease can be poor. Despite the benefits of long-term use, immediate costs (financial, time, effort, side effects) are barriers. Behavioural economics theorises that people are non-rational decision makers. The aim of this study was to identify behavioural economics techniques that could be used in general practice to encourage medication adherence for chronic diseases and explore the feasibility of implementing these in general practice consultations.

Methods

Fifteen semi-structured interviews were conducted with general practitioners (GPs) in Canberra and South-East NSW. Convenience and purposive sampling techniques were used, with recruitment through local GP groups.

Results

Therapeutic alliance was the most important GP-reported factor for medication adherence. Behavioural economics techniques were already used but not formally identified by GPs. Patients varied in their response to nudges; consequently, many different nudge styles were used. One common nudge used by GPs was to help identify external motivators; another was to help the patient identify commitment devices to assist recall. Some GPs felt nudge use could be successfully adopted; others were hesitant.

Discussion

Behavioural economics techniques could be incorporated into GP education at the student, registrar and fellow levels to improve patient outcomes.

Competing interests: None.

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General practitioners' perspectives on prescribing psychostimulant medication for management of ADHD in adults

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Background and objective

Attention deficit hyperactivity disorder (ADHD) persists beyond childhood and is increasingly being diagnosed in adulthood. Australian adults with ADHD face barriers to accessing psychostimulants, which remain the most effective means of reducing symptoms. There is growing support for general practitioners (GPs) to take a greater role in ADHD care. Our study explores GPs' perspectives on expanded psychostimulant prescribing rights for adults with ADHD.

Methods

We conducted semi-structured interviews with 14 GPs with an interest in ADHD across New South Wales. Interviews were recorded and transcribed for reflexive thematic analysis.

Results

Preliminary themes included: (1) frustration among GPs with a psychiatry-led model of care; (2) recognition by GPs of their strengths in managing complexity; and (3) willingness among GPs to take a more active role in ADHD care, provided adequate funding and education are available.

Discussion

GP-led insights can inform new models of care and address inequities that adults with ADHD experience in accessing timely and appropriate care.

Competing interests: None.

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'Specialist Reconciliation' within general practices across Australia

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Background and objective

Increasing patients' capacity to cope with complex multimorbidity requires the reframing of the existing treatment approach to reduce treatment burden where appropriate. In addition to medication reconciliation, the role of non-general practitioner (GP) specialists might be reassessed to ensure their involvement aligns with the current goals of care. The aim of this study was to investigate how experienced specialist GPs (≥ 10 years clinical experience) manage the 'Specialist Reconciliation' process in their daily clinical practice.

Methods

This was a qualitative study involving semi-structured online interviews with 10–15 experienced GPs.

Results

Preliminary data analysis revealed five key themes: (1) tolerance of uncertainty and fear of adverse patient outcome; (2) benefits to both the patient and overall health system; (3) occurring by chance and in an unorganised way; (4) trusting non-GP specialist; and (5) transitions in patients' health journeys being triggers.

Discussion

We plan to use the findings to inform the design of a clinical practice framework for 'Specialist Reconciliation' for GPs.

Competing interests: None.

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General practitioners' experiences in managing patients in clinical trials conducted by non-general practitioner specialists: A qualitative study

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Background and objective

The majority of clinical trial (CT) patients are followed-up by specialists or hospitals; however, general practitioners (GPs) continue to be patients' primary contact for general health advice and managing other comorbidities. The aim of this study was to explore the experiences of Australian GPs when managing CT patients, specifically when community-based care is not part of the CT protocols.

Methods

Eleven semi-structured interviews were undertaken with GPs who were recruited using purposive, snowballing and convenience sampling. Interviews were transcribed, inductively coded and thematically analysed.

Results

Analysis showed four themes including: (1) limited communication from CT teams; (2) patients requiring more CT information; (3) challenges of CTs in primary care; and (4) the ambiguous role of GPs as CT researchers.

Discussion

Results highlighted the ineffective communication between the CT team and GPs, with concerns about quality of care for CT patients provided by GPs in the community. Our participants support primary care CTs despite having no prior research training and limited access to research information and opportunities.

Competing interests: None.

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General practice registrars' current knowledge, awareness and utilisation of clinical prediction rules and other antimicrobial stewardship strategies in the context of respiratory infections: A qualitative study

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Background and objective

Antimicrobial resistance is a growing public health crisis. A key factor in its reduction is general practitioner-led antimicrobial stewardship (AMS). During general practice training, general practice registrars (GPRs) learn evidence-based AMS strategies such as the use of clinical prediction rules (CPRs); however, there is a lack information on GPRs' knowledge, awareness and use of CPRs.

Methods

Semi-structured focus groups were held with a convenience sample of general practice registrars. The focus groups were audio-recorded and transcribed verbatim and will be thematically analysed.

Results

Four focus groups were conducted, with 16 participants to date (recruitment is ongoing). Data analysis will be completed after finalising recruitment.

Discussion

The findings from this study will help us better understand GPRs' current knowledge of attitudes towards and adoption of CPRs and other AMS strategies. These insights will have implications for future GPRs' educational initiatives and the implementation of AMS strategies in general practice.

Competing interests: None.

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'The answer is simple, it's be respectful': General practitioner views on reducing weight stigma to improve maternity care

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Background and objective

Weight stigma contributes to health inequity for pregnant women living in larger bodies. General practitioners (GPs) are an important gateway into maternity care. The aim of this study was to explore GP views on weight stigma in maternity care to inform recommendations for non-stigmatising care.

Methods

Participants were Australian GPs providing maternity care who ranked highly on fat-acceptance survey scores. Twenty semi-structured interviews in 2024 explored GP backgrounds, beliefs and behaviours when treating larger-bodied women. Interviews were analysed thematically.

Results

Participants experienced weight stigma both personally and professionally. Participants reported using reflective practice to reduce their weight-based biases. Recommendations for improvement included revision of guidelines, communication skills training and funding for rural services.

Discussion

Findings suggest that reflective practice could be encouraged to decrease weight stigma in maternity care. Further research could investigate how to promote reflective practice to provide lasting behavioural change and improve maternity care for all.

Competing interests: None.

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Use of case-based discussion assessments in medical training:

A scoping review

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Background and objective

Case-based discussions (CbDs) are a commonly used workplace-based assessment (WBA). The objective of this study was to examine the current evidence for their use across medical training stages.

Methods

Following Joanna Briggs Institute methodology, studies included medical students, doctors and supervisors using CbD as a WBA. Outcomes assessed included educational impact, practicability, acceptability, cost-effectiveness and/or validity (includes reliability). Eight databases were searched. Two reviewers independently extracted data.

Results

Of 4357 screened articles, 133 underwent full-text review, and 45 met inclusion criteria. One study evaluated medical students, whereas 44 evaluated postgraduate doctors-in-training to consultants. Evidence supported educational impact of CbD at low levels of Kirkpatrick's hierarchy of educational outcomes, with mixed validity findings; themes included perceived satisfaction, case selection, trainer training and learning-oriented assessment. There were insufficient studies reporting practicability, acceptability and cost-effectiveness.

Discussion

Evidence for the use of CbD is highly heterogeneous. Further research is needed to document the evidence for CbD use with medical students.

Competing interests: None.

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Developing a co-designed miscarriage communication guide for general practitioners in training

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Background and objective

Miscarriage affects one in four pregnancies in Australia, which can lead to depression, anxiety and post-traumatic stress disorder in women. However, there is limited clinical guidance for general practitioners in training (GPiT) on providing emotional support. The aim of this study was to develop a patient-centred communication guide for GPiT counselling women experiencing miscarriage.

Methods

A literature review informed the initial communication guide framework, followed by focus groups with 12 consumers and 16 GPiT for feedback. Thematic analysis led to revisions of the guide.

Results

Key findings included: (1) the need for emotional care such as acknowledging the pregnancy loss, addressing guilt and providing support; (2) providing clear verbal and written information on physical and emotional symptoms; and (3) the importance of additional training for GPiTs in providing emotionally sensitive care.

Discussion

The co-designed guide can potentially improve emotional care for women and reduce adverse psychological outcomes by offering GPiT an emotionally sensitive framework for supporting individuals experiencing miscarriage, addressing a significant gap in clinical guidance.

Competing interests: None.

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